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### A CASE OF SPONTANEOUS ABSORPTION OF A CATARACTOUS LENS.

BY T. B. SCHNEIDEMAN, M. D.

Read March 14, 1894, before the Philadelphia County Medical Society.

A. B., aged sixty-five years, male; vision of the left eye began to grow dim twenty years ago. The dimness increased until he became entirely blind in that eye, two years after the trouble began. Has never had pain, injury, nor inflammation in the eye. At Wills Eye Hospital, which institution he visited at the time, one of the surgeons informed him that he had a cataract and advised operation for its removal, but the patient did not consent on account of the excellent vision which he enjoyed with the other eye.

The blind eye remained in the same condition, so far as the patient knows, until five years ago, when he observed a slight improvement. The sight continued to improve slowly, so that he was again able to distinguish large objects, the entire course being unattended with any pain.

Present condition.—Eye of normal appearance externally; pupil round and reacts to light and convergence. Iris markedly tremulous with the movements of the eyeball. Fundus reflex of normal intensity throughout region of the pupil, except at the upper part, where it is concealed by a dense gray membranous opacity. Closer examination shows that this membrane is freely movable, the lower extremity floating behind the iris, the upper portion being attached above. The membrane is evidently the remains of the capsule of the lens. There were a few small opacities in the vitreous, the

rapidity of their movements proving that structure to have become fluid. The fundus was distinctly visible in all its details, and could be seen with a convex lens plus 11). The nerve is decidedly pale and presents a shallow cup; the vessels are narrow and fewer than in health. The nerve is evidently atrophic. With plus 11 the division equals 12/200. The organ in its present condition presents exactly the appearance of an eye operated upon successfully by discission.

The best attainable vision with the correcting lens is low, but this is due to disease (atrophy) of the optic nerve and not to opacity of the media. Low as is the vision, if the case had been operated upon the result would still have been counted a success.

The interest in this case attaches chiefly to two points: 1. Complete absorption of the lens, together with its nucleus, occurring in a subject of the age of this patient; and 2. That this process should have gone on to completion without the supervention of glaucoma. Dislocation of an opaque lens is met with not infrequently, but the organ is found unaltered, at least as to the nucleus, years after the luxation has occurred, its presence in the anterior chamber causing repeated and destructive attacks of inflammation from the increase of tension to which it gives rise.

Absorption is, of course, the rule in the youthful eye when the fluid of the anterior chamber is permitted to gain access to the substance of the lens proper—a fact which is taken advantage of in the operation of discission. The infrequency of this occurrence in the adult eye is shown by the unsuccessful attempts of Beer to apply the same procedure to such eyes before the indications for the operation had been established;

of twenty-nine eyes subjected to the operation, success was attained in only a single case.

The possibility of rupture of the zonula is greater where the lens has become opaque, because this structure participates in the degenerative changes which the whole lens system undergoes; and the more advanced these changes the greater likelihood of such an occurrence, as in hypermature cataract with considerable shrinking and atrophy of the organ. Such shrinking of itself exerts traction upon the suspensory ligament, and such traction may well be partial and affect one portion of the circumference more than the rest, and which yields at that point; in the case reported this point was situated at the inferior attachment.

The fluid condition of the vitreous noted was probably an important factor in bringing about the result; this condition may very likely have existed prior to the lesion of the suspensory ligament, the lens having lost some of the support posteriorly and normally furnished by the contents of the vitreous chamber in consequence of the alteration in that structure.

The text-books refer to dislocation of the lens as a late event in the history of cataract. Thus Fuchs observes: "The shrinking of the hypermature cataract affects not only its thickness but also its equatorial diameter. In proportion as the latter diminishes in size, the zonula of Zinn is stretched, and thereupon undergoes a corresponding atrophy of its fibres. Consequently, the attachment of the lens becomes imperfect. Spontaneous luxation even of the lens may take place through partial or total rupture of the zonula. . . ." Again, after remarking "that spontaneous restoration of sight is extremely rare in senile cataract with a hard nucleus," he admits the possibility of such occurrence in three ways: By the resorption in exceptional cases not only of the cortex, but also of the nucleus to such an extent that nothing but slight opacities remain. The other possibilities to which he refers are the formation of a Morgagnian cataract and spontaneous dislocation of the lens, but without absorption.

Soelberg Wells speaks of dislocation due to gradual relaxation or elongation of suspensory ligament, or its partial rupture. In such a condition, he adds,

a very slight shock to the eye, which may have been unnoticed by the patient, will produce dislocation of the lens.

Berry (*Diseases of the Eye*, p. 100) speaks as follows: "After the condition of maturity has existed for a longer or a shorter time, further changes may take place, which are characterized as stages of hypermaturity. The opaque cortical substance may to some extent shrivel from loss of fluid, and in this way a little of the sight—as a rule, only a very little—be regained."

The gradual improvement in the vision raises the question whether the lens was actually dislocated or whether the rupture extended into the anterior capsule, giving access to the aqueous humor, or using gradual absorption of that organ as to the operative procedure of discision, or whether the improvement can be explained by the solution of the opaque lens after dislocation into the anterior chamber. The latter is the position usually occupied by the lens after luxation.

Perhaps the gradual improvement observed by the patient depended upon a partial displacement of the opacity. This cannot be determined with certainty; the patient did not come under observation until the process, whatever its exact nature may have been, had gone on to completion. In any event, complete absorption of the lens in the adult is a rare termination of cataract.

#### THE TREATMENT OF SCOLIOSIS, AND THE BRANDT METHOD OF PELVIC MASSAGE. SAGE.\*

BY MATHILDA WALLIN, M. D.  
NEW YORK CITY.

As I am not able to enter into details, nor would be able to give a good description of the movements generally used in the treatment of scoliosis by medical gymnastics, I thought a practical demonstration would be best, as Dr. Lewis has kindly provided me with a scoliotic patient.

The fact that the treatment of scoliosis with bandages and apparatus only is not sufficient for cure of this disease

\*Abstract of paper read by invitation, March 28, 1894, before Philadelphia County Medical Society.

is more and more realized. "If we cannot make a spinal curvature straight, we can possibly compel it to grow straight," and this is done by no other means so well as by medical gymnastics, i. e., exercises arranged to suit each individual case, which will correct the faulty carriage and develop the whole muscular system, combined with the necessary supports. And if a scoliosis is taken early enough it can be cured.

I want to say a word concerning the prevailing idea that slight degrees of scoliosis only need general straightening exercises, equal for both sides, which can be given in a gymnasium. I think that is wrong. Even in Sweden, where there are no other than trained teachers in gymnastics, who have, at the same time studied medical gymnastics, it is not done.

The question whether the technique can be so described in print that a physician can appropriate and make use of it without actual demonstration has often been discussed, and I dare not venture to say that it is absolutely impossible. The treatment is difficult. It is difficult because a great deal of practice is required to familiarize oneself with it, and, after the theory and practice are acquired, it is still not only difficult but exhausting. Then, too, it requires judgment to adapt and moderate the treatment to the nature of the case. I am inclined to think that the reason why so few who have tried the treatment have been successful is because they have not had sufficient experience in its technique. They have thought themselves competent after a week or a few weeks study with Brandt, and after trial with a few cases, to render a verdict on the method.

Brandt's method consists in general and special treatment; the first is not considered necessary by many physicians, but Brandt himself, as well as those who have used the treatment for a longer time, consider it a most valuable adjunct. Many patients suffer from other complaints besides the pelvic disease which the general treatment by medical gymnastics improve and cure.

Brandt's method of examination differs somewhat from the ordinary. The patient is always first examined in the standing position, by which the physician is enabled to ascertain the lowest position of the uterus, as it is by its own

weight carried, and by the parts above pressed downward, and is then in some measure easier to palpate. In some cases the uterus is retroverted when the patient is lying down, and anteverted when she is standing, which he is able to find out only by this mode of examination. Then the patient (with her clothing unfastened around the waist, but otherwise perfectly covered), is placed upon a couch slightly lower than the chair on which the physician is sitting, her head raised, her legs flexed and abducted, thus relaxing the abdominal walls. The physician sits on the patient's left side, near her pelvis with the face turned toward that of the patient. Then his left forefinger is passed under the left thigh of patient into the vagina up to the posterior cul-de-sac, thus enabling him to palpate the organs, ascertain their position and condition, lift the organs or parts that require massage, and support them against the abdominal wall and the right hand by which he manipulates externally. The left hand is held open, that is, the three last fingers are placed under the buttock, or along the perineum (because in this manner he is able to reach higher), the thumb to the side removed from the symphysis pubis, the forefinger pressed as far as possible against the posterior wall of the vagina and kept immovable in the vagina. By the three middle fingers of the right hand the operator then makes pressure through the abdominal wall, executing the different manipulations indicated by the pathological conditions, and which will be described later. In young persons and virgins the needed support in the treatment is given by placing the forefinger in the rectum instead of the vagina.

Brandt prefers and uses the low couch instead of the ordinary table, because it is less fatiguing to sit and have the patient lower than himself, thus giving freer motion to his arm and enabling him to work without getting too quickly tired.

The special treatment consists of:

1. Massage of different varieties.

- a. Vibratory pressure or strokings.
- b. Small circle kneadings or strokings.
- c. Larger kneading or roll kneading.
- d. Vibratory pressure—strokings.

2. Stretchings.

3. Reposition: different varieties or methods.

4. Lifting.
  - a. Uterus.
  - b. Sigmoid flexure.
5. Movements for constipation (if indicated).
6. Complex of derivative and inciting movements.
7. Knee abduction.
8. Nerve Movements.

Massage should always be begun very lightly and at first never directly on the diseased part, but on surrounding parts and on the side nearest the vascular centre, so to stimulate the vessels to greater activity and incite greater resorption of the exudative residues. Brandt always strongly emphasized "rather too little, than too much." The lighter massage, the small circular kneadings, are produced by the three middle fingers of the external hand (care being taken to use the soft parts of the finger tips) pressed lightly through the abdominal wall on the organs within the pelvis in such manner that the integument and underlying tissues follow the fingers. The organs must be supported and sometimes somewhat lifted in order to meet the external hand, by the finger introduced in vagina or rectum, as the case may be. The circular kneadings are produced by small, quick, circular movements of the finger tips, at the same time gradually advancing if possible, in the centripetal direction of the lymph-currents, using simultaneously all the joints of the arm, which makes the movements lighter, and, so to speak, softer, and does not so much actually knead as squeeze and soften the exudates or residues which may be present.

The massage should be begun with light pressure, gradually increasing somewhat, and ending by some lighter strokings and letting the hand rest a few moments on the abdomen, which seems to disperse the unpleasant feeling the movements may have produced.

Indications for the lightest massage are:

1. Menorrhagias in which the whole uterus is massed, though only for a short time; the treatment may be repeated more than once a day.
2. Atrophy of corpus or of isthmus; the atrophied parts being massed.
3. Chronic endometritis.
4. Before and after the uterine liftings.

The indications for relatively stronger massage are:

1. Peri and parametric exudates or exudative residues, in which case we begin the massage at the periphery, especially on the side toward which the lymph-vessels go, and later going gradually toward the centre.
2. Adhesions and sensitive scar-retractions in the connective-tissue.
3. Massage is also always given after stretchings on the stretched part.
4. Chronic metritis; the massage in these cases is executed on the corpus from the fundus toward the isthmus, from the sides toward the middle, and on the cervix from downward up, besides on the broad ligaments partly along the sides of the uterus, partly from uterus toward the sides of pelvis.

If possible, during the massage of the uterus, it should be anteverted. That massage can be given on a retroverted or retroflexed uterus, where adhesions prevent its reposition, is understood; but the anteverted position is preferable, and reposition should always be made first when the uterus is movable; the only exception is if the position should cause irritation of the bladder when it is kept retroverted.

5. Cervical catarrh and enlargement, in which the massage is made downward toward the isthmus.

6. Massage is also often given before and after reposition in displacements on one or more of the uterine ligaments.

7. Chronic oophoritis or peri-oophoritis, when the ovary, as well as the surrounding parts, especially upward and backward, are massed.

A differential diagnosis can often be made between oophoritis and peri-oophoritis through the result of the treatment; in the latter, where the enlargement of the ovary is due to swelling of the surrounding tissues, it is especially amenable to treatment; the former is not so much so.

The contra-indications for the stronger massage are:

1. The acute inflammatory character of the disease.
2. Menorrhagia and metrorrhagia.
3. Amenorrhœa; massage on the corpus is contra-indicated in these cases.

The larger and often quite powerful kneadings with the whole hand, roll frictions or kneadings with the palm of the hand through the abdominal wall,

are used on a very enlarged uterus or on very large and hard exudate where all inflammation has disappeared.

The manipulation which Brandt—for lack of a better word to describe it—calls “paintings” (German, “malen”) is a kind of curved-shaped stroking, produced by the forefinger in the rectum, along the pelvic wall in direction from downward upward, or from forward backward, according to the direction of lymph-vessels and veins. It is indicated in inflammatory conditions (not too acute) or exudations in the uterus or ligamenta lata.

Stretching is produced either by trying bimanually to seize the contracted or adherent part and gently stretch it; or bimanually by taking hold of the adherent uterus or ovary and trying to free it; or by passing the finger up into the rectum, behind or above the adhesions, and gently and continuously press the uterus, first on one, then on the other side of the contracted and adherent part. This can be done with the patient standing, lying, or in the knee-chest position, always remembering to observe the patient so as not to do too much at one time.

The indications for the stretchings are:

1. Peritoneal adhesions, principally between the uterus or the ovaries and other parts of the pelvis.

2. Scar retractions in the pelvic connective-tissue.

Contra-indication to stretchings in inflammatory conditions of the parts.

Repositions are produced in different ways, according to the deviations of the organ, and it would take too long a time to enter into a description of its different modifications. They are indicated in:

1. Deviations of the uterus, when it produces discomfort or sterility.

2. To improve the position of the uterus for a more effective massage.

Contra-indications: Firm and sensitive adhesions or retractions.

Uterine lifting is indicated in:

1. Prolapsus uteri (of all degrees).
2. Prolapsus vaginae, with cystocele and rectocele.
3. Retroversion and flexion.
4. Anteversion (with some modification adapted to the case).
5. Latero-version (with some modification adapted to the case).

The contra-indications are:

1. Para and perimetritis.
2. Oophoritis.
3. Menorrhagia.

The *modus operandi*, which is hard to describe, is the following:

If there is prolapsus the uterus is restored to position in the usual way, and when that is done the so-called “double-treatment,” or the lifting, begins. The uterus is supported in the vagina by the forefinger of the physician placed on the vaginal portion. A woman assistant then kneels down on the couch between the knees of the patient, places both of her hands flat on the abdomen, their ulnar sides touching each other; the physician first placing his free hand on the abdomen, and pushing the integument from above downward, to guide the assistant and give her a kind of grip, so to speak, of the uterus; then she presses her fingertips down in the pelvis, in front and to the sides of the uterus, slightly flexes the fingers, grasps the uterus and lifts it and its adnexa upward, and lastly, somewhat forward, following the axis of the pelvis. The physician, with his finger on the vaginal portion, follows the movement of it during the lifting as far as it is possible to reach, and presses it backward. These “liftings” are repeated three times, after which Brandt gives some light massage, as said before, by which he tries to stimulate the hypogastric plexus and the posterior portion of the sacro-uterine ligaments of both sides.

These liftings are modified according to the individual case and its need, and the “liftings” are never given when the uterus is retroflexed or retroverted.

If cystocele is present he gives a vibratory stroking pressure on the relaxed protruding part, the strokings being made upward and inward by the tip of the index finger, avoiding the urethra.

When this procedure is completed the patient lifts her buttocks and the lower part of her back from the couch, supporting herself with her neck and upper part of her back, as well as by the feet resting on the couch and with closed knees. The physician then separates her knees while she resists, and she closes them while he resists.

The purpose of these exercises is to strengthen the pelvic floor, especially the levator ani.

The patient is then given light tapotement over the sacrum.



How this method produces cure in displacement and prolapsus has been discussed a number of times, and many theories and explanations have been given. Dr. Boldt says that Schultze considers the cause to be contraction of the sacro-uterine ligaments. Whatever the cause may be, the cure remains a fact.

The exercises given to the adductors of the thighs are an important factor in producing the desired results.

In the summer of 1882 I saw the first complete prolapsus uteri cured. The woman came to Brandt the 29th of June; the 11th of July the uterus was retained within the body, although the anterior wall of the vagina protruded on exertion; the 9th of September she was well, with the uterus in normal position.

That this treatment of prolapsus exerts a powerful curative influence everyone who has followed it or tried it must fully recognize.

#### AN OBSERVATION OF THE EFFECTS OF ERYSIPELAS ON EPITHELIAL CANCER.

BY JAMES COLLINS, M. D.

About eighteen months ago my attention was called by Mr. M. to an ulcer nearly opposite the ear, on his right cheek. This ulcer was one and a half inches in longest diameter, one inch in the shorter, presenting an oval with irregular edges. The discharge was slightly purulent, tinged with blood. The granulations were soft and bled on the slightest touch.

Mr. M. stated that twenty years ago there appeared at this point a small elevation, which frequently formed a scab, which every ten or twelve days would fall off and then re-form, giving but little trouble and received but little treatment.

Nineteen years ago he was treated for a time with ointments and lotions, also some medicine was administered without special benefit. He was then assured that this was skin cancer and incurable. This ulcer gradually increased in size and depth. Some benefit was derived from a lotion of zinc sulphate and salt, dissolved in water to make a mild astringent solution. The ulceration, however, continued giving inconsiderable

pain, but much annoyance by its presence. The good man quietly accepted the situation, seeking only palliation and relief from pain.

About November 12 he suffered from an attack of erysipelas of the face. This ran no unusual course, spreading rapidly from tip of nose over scalp to nape of neck. The efflorescence was followed by desquamation. The external dressing was of ichthyol and lanolin, which seemed to give relief and comfort.

As the erysipelas faded out, the desquamations following the ulcer seemed to assume a more healthy appearance. Granulations of a more normal character developed and in about two weeks the ulcer was entirely healed. The cicatrix on March 1 is slightly indurated, but smooth and firm, presenting the appearance of normal cicatricial tissue.

This case is reported without special comment. Dr. Coley, of New York, has written on this subject with considerable interest.

The writer is well aware that a single case from the practice of a surgeon is but of little value, isolated and alone, but hoping that others may add their experience and observation the case is reported for consideration.

#### TYPHOID FEVER.

##### TREATMENT.

Internal and External Free Use of Water. Irrigation; Peroxide of Hydrogen (Medicinal) and Glycozone; Codeine; Liquid Soap. Suitable Ventilation and Sunshine. Food and Nursing. By Elmer Lee, A. M., M. D. Chicago.

(Read before the Chicago Medical Society, March 5th, 1894.)

Recognition of the value of cleanliness represents the most practical discovery in treatment during the present generation, and, at the same time it constitutes one of the really great discoveries in the history of medicine. The application of the principles of cleanliness more nearly meets the requirements of a real advance in curative medicine than all the other propositions known to the profession for the cure of disease.

The symptoms of typhoid fever are too well known by all to need particular mention; the question of burning interest is what to do to be saved. The disease is produced by drinking contaminated water, and its seat of development is situated in the intestinal canal. There is a poison there which, if it could be removed before it had become absorbed into the blood, life, and even health would be spared. Allowed to remain, the poison is drawn into the circulation, and

very soon the whole body feels the depressing effect. Even at this time, if those remaining poisonous juices and germs which are contained in the bowels were either neutralized by suitable remedies, or washed entirely away by a stream of flowing water, the disease would be checked, the patient spared, and health restored.

Without waiting for development of the symptoms of typhoid fever the very first proposition is to make the patient surgically clean, which means the free and abundant use of water internally first, and externally afterwards. The bowels are drenched and cleansed by a copious douche of hot soap water, made to pass into and out of the lower bowel, until the contents are cleared away and the returning water comes back as clear as before it entered. The relief to the sick person by following such ablution is a delight to the physician and of greatest comfort to the patient. It seems so reasonable, they will say, and in practice it is just as good as they say. Fears were formerly entertained by me, as they are to-day by some of my contemporaries, that something would be burst by running a large volume of water into the bowels of persons sick with typhoid fever. No harm has ever been done, and neither is it likely to be so caused. Several hundred cases have been so deluged by me with large quantities of water, and in no instance has the result failed to be beneficial. The fear of doing harm may be entirely and forever dismissed. That which is not well understood by any one always seems inconvenient, or troublesome to perform. But a little practice makes easy the methods which a little while before appeared unpleasant, even hard.

The temperature of the water used for cleansing and washing the bowels should always depend upon the temperature of the body. If there is high fever the water is more agreeable and useful to the patient when it is cool, viz.: 75 degrees; but if the patient is chilly, or has a low temperature, the water should be at blood heat, nearly 100 degrees. During the first week of illness, the irrigation of the bowels should take place in the morning and again in the evening of each day. After this, one douche of water should be given each day until convalescence. The co-operation of the patient is readily accorded. The treatment takes hold of his reason, which lends both hope and help to the management of the case.

Bathing the body is performed at regular intervals and by such a system as may be convenient and suitable to the individual. The bathtub may be used when the patient is strong enough to be assisted to it; when otherwise, sponging with cold water is very refreshing, and useful to maintain strength and lower the heat of the body.

The most effective and most lasting influence is secured by wrapping the patient in a wet sheet. Two blankets are spread on the bed, covered with a sheet wet with cold water. The patient is

wrapper in the sheet, and then folded quickly and completely in the blankets. The time during which the sick one may remain in the wet pack is from one half to one hour, or even longer if he is comfortable. Bathing opens the pores of the skin, and through them the system discharges a part of the hurtful waste of the body. This bathing should be continued, several times daily, during the disease and during convalescence.

The internal treatment is uncomplicated, safe and useful. The basis of it is cold water, and always plenty of it to drink. Water cools the body and assists to cleanse it of the poison which makes it sick. The elimination is carried on through the intestinal canal, through the kidneys, through the lungs, and by the skin. Let the sick have water; it can do no harm in any case; water only does good. What cruelty it was in fever cases to keep water from them, and what suffering it caused. A table-spoonful of peroxide of hydrogen (Merchand's) is added to each glass of water. It is the best and most simple remedy that can be given that is likely to be of benefit in helping to cure typhoid fever. Continued for a few days, it is then laid aside for a few days and glycozone substituted in its place, both as a relief to the patient and for the beneficial effect of the remedy itself. And so on in this way the two remedies are alternated, which is found by me to be the best arrangement for administering those valuable antiseptics. The preparation, glycozone, is chemically pure redistilled glycerine in which ozone, or concentrated oxygen, has been incorporated, and can be taken with as much freedom and safety as pure glycerine. The glycozone may be taken in doses of half a table-spoonful to a glass of water as often as water is taken during the day. When it is desired to allay nervousness and induce sleep at night, sulphate of codeine is used, in doses of from one half to one grain, by the mouth, or one quarter to one half grain by the hypodermic method. This remedy tranquilizes the nervous system and induces sleep, and should be administered at night.

The typhoid fever patient receives as food whatever is simple, at regular intervals of four hours. Milk, simple, natural milk, is nourishment of the highest importance. One egg every day, or every other day, is alternated with a small teacup of fresh pressed juice from broiled steak or mutton. The egg is pleasant to take and more nutritious when whipped till it is light and then stirred with a small glass of milk. For a simple and nourishing artificial food, malted milk is always good.

The juices of fruits are delicious to the typhoid fever patient, and are not to be dismissed on the supposition that they are injurious. It is always interesting to observe, when the fever is broken, and convalescence is beginning, that water in copious draughts is no longer easy for the patient to take. When the usual glass of water is handed back half-drained, it is an en-

couraging sign of beginning restoration. For wholesome drinking, fresh lake water, which has passed through a Pasteur porcelain filter is entirely reliable.

The simplicity of the foregoing plan meets every requirement, and saves nearly every case, unless there is some complication. It is my belief that doing more than this is doing less, and less than this, which is so simple, is not enough. The profession agrees that no kind of drug treatment is useful or curative in typhoid fever; indeed, one of these days, in my opinion, the statement will be considered applicable to other, if not all, cases of diseases of the bowels.

The plan as proposed by me and practiced during a period of five years consists, in review, of the following systematic management in typhoid fever:

Water used internally as a *donche* for free irrigation of the bowels, either simple or made soapy with pure liquid soap. Water as a drink, and as a remedy, taken copiously and frequently, especially during the stage of fever. Water is indispensable, and should be given as often as is desirable and agreeable to the circumstances of the case. Frequent application of cool water to the surface of the body during the entire illness.

Remedies: Peroxide of hydrogen (Marchand's), or glycozone, for the antiseptic effect of the oxygen which is set free in the stomach and intestines. But to be of real value, these remedies are to be taken in considerable quantity, largely diluted with water, else, in my opinion, they are of little use. The capacity of the bowels is so great that a little of anything cannot spread over enough of this enormous area to affect it beneficially. Cleanliness is the principle governing the use of peroxide of hydrogen (medicinal) and glycozone.

For a remedy that soothes and brings on sleep at night, sulphate of codeine is better than chloral; besides it is the safest and best.

For food, anything that is simple and in liquid form; milk is always the best, milk and whipped eggs; pressed juice from broiled meat; the juice from fresh, ripe fruit. The nutrition taken should be at regular intervals (four hours), that sufficient time may be allowed for digestion.

Stimulants and drugs are injurious without exception, and better results are secured without their use. Typhoid fever, generally transmitted through the drinking water, is a preventible disease. Typhoid fever affects all classes, but if food and water were always pure, no class or age need contract typhoid fever. Cleanliness everywhere and always is the means at hand which makes it possible to escape typhoid fever and other diseases of the bowels. Internal cleanliness as well as external is a reasonable proposition of hope for the cure of the unhappy multitude of sick and discouraged humanity.

## Society Reports.

### MEETING OF MICHIGAN STATE

BOARD OF HEALTH, LANSING,

APRIL 13, 1894.

This was the annual meeting. A brief address was made by the president of the board, who congratulated the members of the board on the fact that, "During the last year the State Board of Health has done much good work, including that in connection with quarantine and the prevention of the introduction into Michigan of dangerous communicable diseases. The board has entered upon a most important work—for the prevention and restriction of tuberculosis in man, and I believe that the results will be great. This board has taken the lead of other State Boards of Health in declaring consumption to be 'dangerous to the public health,' and has recommended advanced measures for its restriction. At this meeting committees are to report upon two other measures of restriction which it is believed will prove to be exceedingly important."

There were present at this meeting: Hon. Frank Wells, president Lansing; Prof. Victor C. Vaughn, M. D., Ann Arbor; Prof. Delos Fall, M. S., Albion; Mason W. Gray, M. D., Pontiac; Samuel G. Milner, M. D., Grand Rapids, and Henry B. Baker, M. D., secretary.

The minutes of the last quarterly and two special meetings were read, the auditing of bills and accounts, and other regular business was transacted.

It was voted that the State Board of Health hold this year another conference of Michigan Health officers, at Ann Arbor, some time in June. A committee of three, of which Doctor Vaughan is chairman, was appointed to make arrangements for that conference. Last year a useful conference was held with special reference to cholera. That subject is still of interest and dangerous immigrants are still coming into Michigan. But it is proposed this year to give special attention to that disease which is already here and causes most deaths—consumption; and to give the health officers opportunity to study the subject at the State Laboratory of Hygiene, where the bacteriological and other facts relative to the causation of



this disease can be so well demonstrated.

The subject of tuberculosis in animals as a cause of tubercular diseases in man was prosecuted by Dr. Milner by a resolution at the Menominee meeting, directing the secretary of the board to institute an investigation of the cattle and milk in different parts of this State, and report in what way and to what extent the health and lives of the people are endangered by tuberculous meat and milk. The resolution was then referred to Dr. Mason W. Gray, the Committee on "Animals' Diseases Dangerous to Man," with request to report at this meeting. Dr. Gray reported that he had conferred with veterinary surgeons in Pontiac and Detroit, had visited the Health Department in Detroit for conference, that a few months ago he had corresponded on this subject with the three members of the State Live Stock Commission, and he read extracts from the several letters. Hon. J. J. Woodman had said that the presence of tuberculosis in animals is not being reported to the State Live Stock Commission. Dr. Barringer had expressed the hope that this board would investigate the subject thoroughly. Dr. Gray believed that the State Live Stock Commission would co-operate freely.

Dr. Baker said he had conferred with the State veterinarian, who advised further and personal conference by this board with the State Live Stock Commission. Dr. Baker read from the last report of the commission, relative to tuberculosis—"It is beyond question both infectious and contagious, particularly in the pulmonary development or consumption of the lungs." \* \* \* "Years of added experience and careful observation lead us to the conclusion that the annual losses among Michigan cattle from tuberculosis are much greater than from all the other contagious diseases affecting our domestic animals, and that the disease is steadily increasing. We have given the subject very careful thought and consideration, and have as yet failed to find a satisfactory plan for its treatment or extermination." \* \* \* "It, as yet, is one of the unsolved problems, lying all in front, and, like some bridges in our pathway, the day is not far distant when an attempt must be made to cross." Secretary Baker thought that now is the time to make the attempt to "cross the bridge," and ear-

nestly hoped that the State Live Stock Commission would co-operate in the effort for the restriction and prevention of tuberculosis in animals and in man. It was voted that the president be requested to call a special meeting of this State Board of Health at such time as arrangements can be made for a joint meeting with the State Live Stock Commission, to consider the subject of the restriction of tuberculosis in animals and in man.

As chairman of the standing committee on "Epidemic, Endemic and Communicable Diseases," Professor Vaughan made a report on the subject of the restriction of tuberculosis in man by means of a proposed State Hospital for Consumptives, this subject having been referred to him at the last special meeting. The subject was discussed at great length and resolutions were adopted as follows:

Resolved, That we recognize the following facts:

(1.) That tuberculosis is the most grave and fatal disease now affecting the health and lives of the people of this State, destroying about 3000 lives per year.

(2.) That this disease originates principally by transmission from man to man, or from man to animals and again to man.

(3.) That the spread of this disease can be best arrested by the disinfection of the sputa and other discharges by special supervision of those infected and by the care of such persons under conditions which will prevent the transmission of the disease to others.

(4.) That such disinfection and supervision cannot be carried out in the crowded homes of the poorer classes; and,

(5.) That under conditions which will prevent reinfection, many consumptives may be permanently cured and returned to their homes and work, educated in the methods of restricting the disease. In view of these facts,

Resolved, That this board request of the next Legislature an appropriation of \$——— for the purpose of building, equipping and maintaining a State Hospital for Consumptives.

Prof. Delos Fall presented a preamble and resolution, which were adopted, as follows:

Whereas, It is desirable that every step taken shall tend toward giving the largest amount of sanitary education to the teachers and to the people of the State; therefore,

Resolved, That it is the judgment of this board that the proposed State Hospital for Consumptives should be located at the seat of the State University at Ann Arbor, in order that it may afford the best opportunities for the observation and study of this most important disease in conjunction with the investigations now being so satisfactorily pursued in bacteriology and other departments of sanitary science at the State Laboratory of Hygiene.

The secretary presented and read portions of his report of work done in the office during the quarter just ended, which included the action taken for the restriction of 412 outbreaks of dangerous communicable diseases, six outbreaks being of smallpox. One hundred and eighty-five localities had reported consumption.

One very successful sanitary convention had been held at Menominee.

Compared with the average in the corresponding quarters in the eight years, 1886-1893, the reports from regular observers indicate that intermittent fever, remittent fever, erysipelas, diarrhea, consumption, pneumonia and pleuritis were less than usually prevalent, and that no disease was more than usually prevalent in the first quarter of 1894.

## Book Notes.

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PHILADELPHIA, APRIL 23, 1894.

### ETIOLOGY OF INTERMITTENT FEVER.

There is hardly a disease in the etiology of which so little progress has been made during the past fifty years as intermittent fever. We scarcely know more than our forefathers regarding the causation of this disease. We believe that in some mysterious way it creeps up the banks of rivers, breaking out here and there among susceptible persons in the cities and towns along the banks of such infected streams. These are the views which seem to be borne out by facts.

That this disease occurs in localities where decaying vegetation exists, especially swampy grounds, and on disturbing such ground cases will appear among the immediate inhabitants of the place, there can be no question.

So far, investigation leads us to recognize an amebic parasite which attacks the red corpuscles of the blood as a causative factor in this disease. This is called a hematozoon, and passes through various stages in its life-history.

An admirable article on this subject has lately appeared in the Boston "Medical and Surgical Journal," by Dr. Greenleaf, which draws attention to the

following facts regarding the etiology of intermittent fevers:

"(1) Intermittent fever is a disease always originating locally, thus excluding as etiological factors all causes of a general character.

"(2) Intermittent fever is always found to have associated with its origin some conditions of local dampness.

"(3) A micro-organism, namely, the hematozoon, has been demonstrated as occurring as a causative factor in the blood of patients ill with intermittent fever.

"(4) These organisms belong to a group of animals, many of whom are known to live in damp soil, or in animals and plants living in damp soil, thus rendering it extremely probable, especially if we consider our first and second propositions, that the 'hematozoon' has a similar habitat.

"(5) Such micro-organisms may readily be taken into the system in either of the following ways: (a) By drinking water contaminated with moisture from such damp, decaying soil. (b) By entering on food which is contaminated from unclean hands. It seems to me quite probable that, in view of the uncleanly habits of laborers who sit down to their dinner pails without a thought of washing their soil-stained hands, we may quite sufficiently account for what appeared to be the case in my inquiry, namely, that, relatively speaking, far more cases occurred among hearty laborers than among other classes of people. Professor Sedgwick refers to this method of self-inoculation under the name of 'secondary infection,' as accounting for a considerable number of cases of typhoid. (c) By currents of air blowing within limited areas from soil rich in the supposed germs."

#### APPROPRIATE THERAPY FOR TUBERCULAR ARTHRITIS.

It is of supreme importance that we always familiarize ourselves with the clinical history of every phase and peculiarity of a malady before we wish to take radical measures for its relief or cure. Better a thousand times to put our patient on a harmless placebo and leave him to the unaided processes of nature than subject him to any line of therapy that rests on no more secure

a foundation than a mere theoretical notion or unsupported experimentation.

Perhaps in no class of cases is this more true than in those which are designated; in our time, the tubercular arthroses. From the general acceptance of the germ theory of disease these have been only too generally submitted to unnecessary surgical operations, which in many, have resulted in destroying limbs that, had they been treated on tentative lines, might have recovered their full functional integrity and strength.

Let it not be forgotten that osseous and arthritic tuberculosis is a disease which under favorable hygienic surroundings almost invariably in various stages tends to spontaneous arrest, and that the child will outgrow it, though reparative processes are slow, and may run from months into years. Rare and extreme cases demand active surgery.

In all cases let the medical attendant exercise the most cautious discrimination in diagnosis, and be careful that he does not confound rheumatism with tuberculosis and prematurely lock his patient's limb in an orthopedic apparatus and thereby damage a limb which would have recovered if let alone.

#### NEPHRECTOMY FOR CONGENITAL HYDRONEPHROSIS.

In the "Deut. Med. Woch.," February 15, 1894, Adler records the following case in a child 3½ years. The enormous swelling of the abdomen was due to a fluid tumor, which occupied nearly the whole of the abdomen. This tumor had been previously stitched to the abdominal wall and incised, the microscopic examination of a piece of the excised cyst wall showing renal structure; 650 c.cm. of bright clear fluid with a moderate amount of urea in it, but hardly any albumen, was let off at the same time. A fistulous opening persisted. Some six or seven months after the first operation the patient was admitted under Israel. From the fistulous passage midway between the navel and the symphysis a slightly turbid yellow fluid could be squeezed out. The right kidney seemed to be in every respect healthy. The boy passed per urethram 20 c.cm. of absolutely clear fluid, acid, 1025 specific gravity, and containing no abnormal constituents. From the fis-

tula at least 2000 to 3000 c.cm. turbid fluid, specific gravity 1004-7, and containing albumen, pus, blood, came away in the day. Thus it was concluded that the other kidney was healthy; nephrectomy was, therefore, decided upon.

The cyst was found to be exclusively intraperitoneal; the colon could not be found owing to an abnormal position, and a further difficulty lay in separating the tumor from the abdominal wall. This was eventually done, a piece of the abdominal wall with the fistula in it being excised, and the resulting cavity plugged. The cavity soon became less, and four weeks later only a small granulating surface remained. The small amount of urine excreted by the sound kidney before the operation was accounted for by the amount excreted by the other kidney. After the nephrectomy 600 c.cm. of healthy urine of 1017 specific gravity were passed daily. For several reasons the hydronephrosis was thought to be congenital.

#### CATARACT AFTER OPERATIONS FOR GLAUCOMA.

It is well known that operations for glaucoma are very liable to be followed by cataract. This accident occurs in two ways. In the first place, the traction made upon the eye in making the first incision may cause rupture of the lens capsule. This membrane is so weakened by the long-continued pressure in this disease that it is much more easily torn than in health.

But it is much more common to cause cataract by touching the edge of the lens with the iris forceps. A scratch is not necessary to produce the mischief, the merest touch is enough. It is of the greatest importance in such cases that, when the operator seizes the iris with the forceps, he shall be careful not to let them reach as far as the lens margin.

J. A. T.

#### PEROXIDE OF HYDROGEN IN CONJUNCTIVITIS.

Dr. Louis J. Lautenbach, in the American Journal of Ophthalmology, for February, reports success in treating the various forms of acute conjunctivitis in the German Hospital, of Philadelphia, by first cleansing the conjunctival sac thoroughly with peroxide of hydrogen, and then using the usual remedies. He

uses the hydrogen in full strength, a fifteen volume solution, containing as little free acid as possible.

He instils from ten to thirty drops at the outer canthus, and then practices massage over the closed lids. If necessary he makes three or four applications in succession. He invariably follows this with the liberal use of a saturated solution of boracic acid.

If the case requires treatment in the patient's home he prescribes a mild solution of acetate or sulphate of zinc, or borax in camphor water, or a saturated solution of boracic acid.

In sub-acute cases he uses a solution of sulphate of zinc, or of sulphate of copper.

In chronic conjunctivitis, in addition to the treatment in sub-acute cases, he prescribes the instillation of castor oil, after the eye has been bathed in a hot solution of boracic acid and roughly dried; then he practices massage over the closed lids. He gets results that may be called marvelous in many cases, especially in those where the lids are thickened.

In gonorrheal conjunctivitis, after this preliminary cleansing, he paints the lids with a strong solution of nitrate of silver; say a twelve per cent. solution at first. Then he sends the patient home, directing him to wash out the eyes every thirty or sixty minutes with a hot boracic solution, and applying a one-half per cent. solution of nitrate of silver.

In phlyctenular conjunctivitis the ointment of the yellow oxide of mercury, or calomel, is used, after the cleansing with the peroxide.

In trachoma, after the use of the peroxide, the enlarged papillae are crushed and rubbed with the sulphate of copper crayon.

It will be seen that there are two principles that underlie this plan of treatment. The first is to secure and maintain the most perfect cleanliness possible, and the second is, to relieve the stagnation of the circulation by manipulations.

J. A. T.

#### SUCCESSOR OF PROFESSOR HIRSCH.

Professor Rubner has been chosen to succeed the late Professor August Hirsch in the Chair of the History of Medicine in the University of Berlin.

## Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

### MUMPS.

Martin reports an epidemic in which 48 men out of a garrison of 450 to 500 were affected. The exact origin of the disease could not be traced. After a few hours of malaise, etc., and a slight rise of temperature, which rarely exceeded 38 degrees C., and which was often absent, the characteristic swelling began. This was marked in many cases and extended over the neck in four. The temperature mostly fell on the second day, but rose again if the other side became involved. If orchitis supervened, it rose to 40 or 41 degrees C. Antiseptic mouth washes (boracic acid) were used in all cases. Antipyrin appeared to help in promoting resolution and lessening pain, and the results were better than with the so-called expectant treatment. Pilocarpin, of doubtful service in the attack itself, is of value in the orchitis. The average duration of treatment was fifteen days. Rigid disinfection was adopted when the patient was discharged. The complications were benign, epistaxis and gastro-intestinal disturbances being the most common. The author looks upon the orchitis as being the second degree of the poison rather than a complication; it was present in 9 cases, or 18 per cent., being once bilateral. Otitis externa was present once, a complication which the author has seen before. He has also seen slight albuminuria, but not in this epidemic. In other epidemics reported by him the application of camphorated oil or mercurial ointment was without effect, and jaborandi was inactive in some cases and harmful in many others. Tartar emetic seemed more useful. The exciting cause of the disease exists in the mouth and spreads to the glands along the ducts, hence the value of antiseptic washes. In one of the cases the nature of the orchitis might easily have been overlooked, owing to the great mildness of the mumps. The use of sulphur as a disinfectant appears valuable, but it is not always possible. The sick must be isolated, their clothes, etc., disinfected, and buccal antiseptics may be used as a prophylactic.

—Rev. de Med., March, 1894.

### MILK SCARLATINA.

Dr. Scarlyn Wilson records in his report for 1893 an outbreak of scarlatina at Hastings during last November, when the general prevalence was on the wane. Of 26 houses invaded during that month 18 had milk from one dairy, and throat illness appeared in other two such houses. In addition to 70 per cent. of invaded houses consuming the one milk, the facts show that 30 per cent. of the total houses taking the milk were invaded. Investigation failed to trace the source of infection of the milk, but the cattle, while free from external suspicious symptoms, "were found to be all more or less suffering from febrile disturbance." Analysis and bacteriological examination of the milk of each cow was suggested, but only one sample of "mixed" milk was tested, and therein, we are told, "bacteria were detected." The report is silent as to stoppage of the milk supply; and the occurrence of the localized epidemic remains, like too many others, unexplained as to origin of the mischief. But Dr. Wilson, at least, seems free from blame in this respect.

—The British Medical Journal.

### SINGLE LIGATURE OF THE CORD.

Nguyen Khac Can bases his opinion of the superiority of a single ligature upon his observation that out of 68 cases of labor with double ligature of the cord, there were four cases of retention of the placenta; and out of 146 cases with single ligature, only two cases of retention. The duration of the third stage with the double ligature averaged sixty-four minutes, while with the single it was but twenty-seven minutes. The author believes that a rapid diminution in the size of the placenta, due to the free escape of the intra-placental blood, favors retro-placental hemorrhage, and consequent complete separation of the placenta, and that it further lessens the obstacle to its escape from the uterus and vagina by the resulting decrease in size. He recommends that double ligature of the cord should be reserved for cases of twin pregnancy. While we think that there is a question as to the correctness of the author's reasoning on



the first point, there can be no doubt as to the advantage of diminishing the size of any body which is to pass the os uteri, and we think that we have ourselves noticed a greater ease of delivery of the placenta in cases in which but one ligature had been applied. The suggestion of Nguyen Khac Can is certainly of value. It should be easy to prevent untidiness by catching all intra-placental blood in a suitable basin, but the determination not to check intra-placental hemorrhage, of course, implies a careful palpation of the uterus before the cord is cut, and an absolutely positive elimination of the possibility of a twin pregnancy.

—The Boston Medical and Surgical Journal.

#### THE DRINKING TREATMENT FOR TYPHOID.

Some years ago M. Debove recommended the use of large amounts of water internally in typhoid fever. "I make my patients drink," he said; and this was his chief special treatment. The object was to dilute the fluids of the system and wash out the toxins in the blood and intestinal canal. M. Liehteim adopted this treatment and reports nine successful cases. Recently M. Maillart, of Geneva, has made an elaborate study of this mode of treatment, reporting fourteen cases in detail, of which one died. Maillart thinks that the water-drinking method should be "erected into a special method of treatment." In order to secure the proper results the patient must drink five or six litres (quarts) of water a day. There is no contra-indication for the use of water in this way, for it does not weaken the heart, but has rather the contrary effect. The results obtained are a progressive lowering of the fever, a disappearance of dryness of the mouth, a marked sedation of all the nervous symptoms, and an improvement in the action of the heart and kidneys. There is an abundant diuresis and an unusual increase in the perspiration. Urea is carried off in large amounts. The treatment does not shorten the course of the disease, but simply makes it milder and less fatal. Patients, we are told, take kindly to this method.

The typhoid patient takes usually six to eight glasses of milk daily, and if to this are added ten to twelve glasses of water, the diluent effect should be very great.

—New York Medical Record.

#### MOISTURE TO THE THORAX IN DISEASES OF THE RESPIRATORY TRACT.

Gendre speaks highly of this form of treatment in all acute diseases of the respiratory tract, and in certain phases of chronic diseases attended with active hyperaemia. The thorax is enveloped in a compress which has been soaked in cold water and squeezed so as to be only moist. This is changed every quarter of an hour, then every half hour, and every hour according to the effect obtained. This method of treatment is especially useful in children, may be employed in very young children, may be continued a long time, and may be returned to as often as necessary at each return of pulmonary congestion. It relieves the dyspnoea more rapidly than any other measure by lessening the respiratory movements, and by making them deeper to combat the high temperature and the accompanying nervous troubles—agitation, insomnia, refusal of food. The author has always found the treatment harmless, and nearly always efficacious. In the discussion Rendu stated that he had obtained excellent results with this treatment, which he had employed since 1884. He wraps the whole body in a moist cloth, and leaves the patient in it for two or three hours. The peripheral temperature is at first raised, then there is abundant sweating and diuresis, the temperature falls 1 degree to 1½ degrees, and the patient experiences great relief. He does not employ this measure more than once a day, and in grave cases he has recourse to cold baths. Gendre, in reply, said he had kept children as long as eight days with the thorax enveloped in compresses, which were renewed from time to time.

(Union Med., March 20, 1894.)

#### VETERINARY MEDICINE.

The Medical Review will shortly introduce a department devoted to veterinary literature to its pages. This is a department which is fast becoming advanced in scientific attainments and the object is a worthy one.

#### UREMIC COMA.

Lavage of the stomach with pure water will often rouse the patient from the milder degrees of uremic coma.

—N. Y. Med. Record.

## Electro-Therapeutics.

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To give our readers the benefit of every advance step in electro-therapeutics, we invite the special co-operation of earnest, painstaking investigators, who are habitually too busy to write long and ambitious articles, but whose brief, pointed, practical records of cases would be full of value and interest. In this department we shall be glad to find room for our friends in this important field to report their experiences, discoveries, inventions and original ideas.

Address these contributions to "Electro-Therapeutics," "Times and Register," 1725 Arch street, Philadelphia.

### HOW TO TEST HIGH TENSION INDUCTION COILS.

Since the discovery of the important therapeutic effects dependent upon the quality of "high tension" in induction coils the ordinary form of coil, long the only coil furnished with faradic batteries, has become practically obsolete.

Fine wire, high tension and rapid vibration are the three factors which produce the special and sedative effects of the present improved apparatus. In order that the physician may be able to determine for himself whether any given coil fulfills the requirements of high tension a practical test is necessary and one that may be applied by every physician to his own battery.

Such a test is afforded by the Geissler vacuum tube. Select a moderate size tube, and place it in the secondary circuit. Pass the current through an ordinary coil, and no effect within the tube will be produced.

It requires about 4000 feet of No. 36 copper wire to create tension enough to glow the tube. Without sufficient tension, therefore, to glow the tube a coil cannot be considered a high tension coil. With a coil, however, containing 6000 or 8000 feet of properly wound wire we obtain a beautiful effect within the vacuum tube and demonstrate the existence of high tension in fact.

The lumen of the tube is seen filled with luminous discs like rouleaux or corpuscles in active agitation. As they lean slightly in the direction of the current flow and reverse with each change of polarity they indicate that this is not an alternating current, but is a flow in one direction, interrupted but not alternating. The polarity is also determined in another way. The bulb at the positive end is clear, while the negative bulb is filled with mist.

A number of interesting experiments can be made with the tube and a finely constructed high tension coil.

### HYSTERICAL BLINDNESS.

At the Narragansett Electric Lighting Company's works, says the Providence (R. I.) "Journal," there are two men who, during the last few years, have been temporarily blinded when throwing a switch. Superintendent Thomas says that this happens in every big electric lighting station in the country. When a switch is thrown the circuit is broken. When properly done another connection is made simultaneously. The intense flash lasts until another connection is made. One of the men with the Narragansett Company was so nearly blinded that he was at home three days at one time. He was not, however, as is said to have been the case with Caulfield, a Brooklyn (N. Y.), reporter, who was apparently blinded by the flash from a trolley wire, unable to see anything at all. He was able to grope about, but could see nothing distinctly. Both the men who have been affected at the electric lighting company's works are remarkably strong specimens of manhood and could not be called hysterical by the widest stretch of the imagination.

In Caulfield's case, with the single exception of drooping eyelids, which might have been caused from lack of sleep, his eyes seemed to be perfect. The feature of drooping eyelids tallies exactly with the local cases cited. In fact, that seemed to be one very good reason why they couldn't see. In view of this it

seems quite possible that the difficulty, in their cases at least, might be called physical, rather than hypnotic, which is a term applied to the Brooklyn case by Dr. Raub.

A further argument which would be advanced by those inclined to believe the theory of hysterical blindness a fanciful one is that the flash, when a switch is thrown, is far more intense than any that could come from the trolley. The switchboard at the Narragansett company's station is now so arranged that in case of a flash there is a mable slab an inch and a half thick between the man's eyes and the exact location of the most intense light. Yet Superintendent Thomas states that, not later than two weeks ago he had to turn his back to the slab, so powerfully dazzling was the light.

I believe here that the cases mentioned as having occurred at the electric lighting company's are cases of physical inability solely. There has not been the slightest indication of hysteria. If so sudden and intense a shock as must be resisted on the nervous system of these men produces no hysteria, will the theory that a trolley flash could hypnotize a person into total blindness for three days find credence?

—Electrical Review.

#### ELECTRICAL TREATMENT OF TABETIC OPTIC ATROPHY.

Capriati records eight observations. The method employed was that first used by Weiss, and consisted in the application of the current through two poles, one on the occiput and the other over the closed lids. In each case a current of two milliamperes was employed. The results may be briefly summarized as follows: (1) Electrical treatment is indicated in tabetic atrophy of the optic nerve, in cases in which the disease is not running a very rapid course, and before it has reached a very advanced stage; (2) if employed in the early stages, it appears to do good, and arrests, with certain limitations, the morbid process, apparently by acting on the nerve fibres still unaffected; (3) better results may be anticipated from the application of the current antero-posteriorly than transversely through the temples, although neither method has yielded results warranting great enthusiasm.

—British Medical Journal.

## Bureau of Information.

The Bureau of Information of the "Times and Register" will hereafter be conducted by the editor. Communications will be referred to the authority best able to answer the queries, as the editor recognizes that it will be impossible for one person to give satisfactory answers to all questions. Address all letters to 1725 Arch street, Philadelphia, Pa.

#### THE NEW ANTIDOTE TO MORPHINE POISONING.

Will you be kind enough to state in your next issue how and in what manner the new antidote for opium poisoning is used, i. e., permanganate of potash?

Is it "sure," or have you any definite data on the subject?

An early compliance with this request will be appreciated.

R. R. C.

Washington, D. C., April 23, 1894.

(The principal data regarding the efficiency of permanganate of potash in cases of morphine or opium poisoning are experimental, and on animals, although there seems to be no reasonable doubt as to the value of the antidote. The dose, in ordinary cases of morphine poisoning, is given at ten to fifteen grains repeated three or four times; but, if more than fifteen grains of morphine have been taken an equivalent of permanganate must be administered, as it has been shown that a certain amount of morphine is decomposed by an equivalent amount of permanganate of potash. For further reference the inquirer is referred to articles by Dr. Moor, in the New York Medical Record, February 17, and April 7, 1894. This treatment seems to be as "sure" as any, in cases of acute poisoning. F. S. P.)

#### MEDICAL DEPARTMENT OF THE UNIVERSITY OF CINCINNATI.

The Cincinnati College of Medicine and Surgery has been affiliated with the University of Cincinnati under the title of the Medical Department.